



## Howard County Retirement Plan Benefit Election Form

3430 Court House Drive  
Ellicott City, MD 21043

Use this form to request payment of your retirement benefit from the Howard County Retirement Plan. You must also complete a tax withholding election form and a direct deposit form (if you wish to have your payments deposited directly into a bank account). All completed forms must be returned to the Office of Human Resources. If you have questions about this form, contact the Retirement Coordinator at (410) 313-3456 before signing it.

### Participant Information

Name: \_\_\_\_\_ Social Security Number: xxx-xx- \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip +4 Code

Date of Birth: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Payment Method (*check one*)

<input type="checkbox"/>	<b>Life Only Annuity</b> (the automatic payment method)
<input type="checkbox"/>	<b>Option #1 – 50% Survivor.</b> <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/>	<b>Option #2 – 100% Survivor.</b> <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/>	<b>Option #3 – 50% Pop Up.</b> <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/>	<b>Option #4 – 100% Pop Up.</b> <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/>	<b>Option #5 – Guaranteed return of accrued benefit.</b> <i>Provide beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/>	<b>Option #6 – Guaranteed return of employee contribution.</b> <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/>	<b>Option #7 – Lump Sum</b> ( <i>a return of your contributions plus interest</i> )

**Direct Bank Deposit (*check one*)**

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- ☐ I want my payments to be deposited directly into my bank account. (*Attach a completed direct deposit authorization.*)
- ☐ I do not want my payments to be deposited directly into my bank account. Please mail the checks to me at the address shown on this form.

**Retiree Health Insurance (*if applicable*)**

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If you are eligible for the Howard County Retiree Health Insurance Program, check the applicable box below and attach a completed health insurance enrollment form.

- ☐ I want to enroll in the Howard County Retiree Health Insurance Program. (*Attach a completed Retiree Enrollment form.*)
- ☐ I am opting out of the Howard County Retiree Health Insurance Program at this time. I understand that I may enroll at a later date.

**Signature and Date:**

**I understand and accept the terms and conditions of the Howard County Retirement Plan as they affect the elections I have made on this form. I understand that I may not change the payment option, or my designated beneficiary, once I receive my first benefit payment. For retirees enrolling in retiree health insurance, I also understand and accept the terms and conditions of the Howard County Retiree Health Insurance Program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office of Human Resources Only**

Total monthly benefit:	\$ _____	<input type="checkbox"/>	W-4P Attached
Benefit Start Date:	____/____/____	<input type="checkbox"/>	Maryland Withholding Exemption attached
Date of Plan Participation:	____/____/____	<input type="checkbox"/>	Direct Deposit Authorization attached
Health Insurance Premium	\$ _____	<input type="checkbox"/>	Health Insurance Authorization attached Start Date: ____/____/____
Net Benefit (before tax)	\$ _____		
By:	_____	Date:	____/____/____